

Missouri Medicare Advantage and Cost Prescription Drug Plans

*The beneficiary drug premium covers prescription drugs only. Medicare Advantage plans also cover Medicare medical and hospital benefits, and supplemental benefits. Plan premiums vary for these benefits. Beneficiaries generally are responsible for the Part B premium.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Organization Name	Plan Name	Percent Beneficiaries with Access to Plan in State	Beneficiary Drug Premium *	Type of Medicare Advantage Plan				Cost Plans	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
Blue Cross Blue Shield of Missouri	SmartValue Plus	7%	\$0.00				•				•	•			•	88
	SmartValue Plus	2%	\$10.00				•				•	•			•	88
	SmartValue Plus	8%	\$24.13				•				•	•			•	88
Coventry Health And Life Ins. Company	Advantra Freedom	12%	\$0.00		•				•			•			•	97
Coventry Health Care of Kansas, Inc.	Advantra Advantage	12%	\$0.00	•					•			•			•	97
Essence Inc.	Essence	30%	\$0.00	•						•		•				96
Group Health Plan, Inc.	Gold Advantage Option 1	30%	\$0.00	•					•			•			•	71
	Advantra Option 1	30%	\$0.00	•					•			•			•	75
	Advantra Option 2	30%	\$23.40	•					•			•			•	97
	Gold Advantage Option 2	30%	\$24.33	•					•		\$24.33	•			•	97
Humana Health Plan, Inc.	Humana Gold Plus HMO H2649-004	16%	\$2.94	•					•			•			•	97
Humana Insurance Company	Humana Gold Choice PFFS H1804-130	27%	\$0.00				•		•			•			•	97
	HumanaChoicePPO PPO R5826-038	100%	\$14.75			•					•	•			•	97
	Humana Gold Choice PFFS H1804-131	56%	\$20.58				•		•			•			•	97
	Humana Gold Choice PFFS H1804-144	17%	\$20.58				•		•			•			•	97
	HumanaChoicePPO PPO R5826-010	100%	\$25.42			•			•			•			•	97
	HumanaChoicePPO PPO H1716-001	16%	\$27.97		•				•			•	•		•	97
Mercy Health Plans, Inc.	PremierPlus	32%	\$37.34	•					•			•			•	94
	St. Johns PremierPlus	13%	\$37.34	•							•				•	94
	St. John's PremierPlus RX2	13%	\$67.03	•					•			•			•	94
Premier Health Insurance Company, Inc.	PremierPlus Options	32%	\$37.26		•				•			•			•	94
	St. John's PremierPlus Options	13%	\$37.26		•						•				•	94
	St. John's PremierPlus Options - Joplin	4%	\$37.26		•						•				•	94
	St. John's PremierPlus Options RX2	13%	\$62.79		•				•			•			•	94
United Healthcare Insurance Company, Inc.	UnitedHealthcare Medicare Comp Choice Rx	32%	\$0.00		•				•			•			•	96
United Healthcare of the Midwest, Inc.	UnitedHealthcare Medicare Complete Opt2 Rx	30%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Complete Rx	11%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Complete Rx	33%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Complete Plus Rx	33%	\$18.19	•					•			•			•	96
	UnitedHealthcare Medicare Complete Plus Rx	11%	\$18.19	•					•			•			•	96